



Town of Geneseo - Short-Term Rental Annual Fire & Life Safety Self-Assessment Form

Property Address: _____

Owner/Operator: _____ Date of Assessment: _____

Phone: _____ Email: _____

Instructions: The owner or operator shall complete this annual self-assessment and retain a copy for Town records. Any deficiencies identified shall be corrected promptly.

Contact Code Enforcement with any questions towncode@geneseony.org

Assessment Item	Yes	No	N/A	2025 NYS Code Reference
Visible address numbers from roadway (4" Min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FCNYS 505
Smoke alarms installed and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCNYS R314
Smoke alarms in sleeping rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCNYS R314
Smoke alarms outside sleeping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCNYS R314
Carbon monoxide alarms operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCNYS R315
Exit doors open from inside without keys/tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMCNYS 702
Means of egress unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMCNYS 702
Bedroom escape windows operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCNYS R310
Portable fire extinguisher provided/Visible/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Best Practice
Electrical system free from hazards/exposed wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMCNYS 604
Extension cords not used as permanent wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMCNYS 604
Heating equipment maintained and clear of combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMCNYS 603
Fireplace/chimney maintained and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PMCNYS 603
No hazardous accumulation of combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FCNYS 304
Emergency contact information posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Requirement
Occupancy does not exceed approved guest count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Requirement

Deficiencies / Corrective Actions

Owner Certification

I certify that I have personally Assessment this short-term rental property and that the information contained herein is true and accurate to the best of my knowledge. I understand that the Town of Geneseo may conduct inspections and enforce applicable provisions of the New York State Uniform Code, Fire Code, Property Maintenance Code, and local laws.

Owner/Operator Signature: _____

Printed Name: _____

Date: _____